

Program: _____ Date & Time: _____
Instructor/Staff: _____ Location: _____

Chandler Aquatics Division Customer Satisfaction Survey

We are dedicated to providing the finest services to you. Our primary goal is your satisfaction! Your opinion about our services is very important. Please help us serve you better by answering the following questions:

1. How would you rate our registration process (if applicable):

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

If "Needs Improvement," explain: _____

2. Did the program/event meet your expectations?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

If "Needs Improvement," explain: _____

3. Did the instructor/staff display professional and enthusiastic behavior?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

If "Needs Improvement," explain: _____

4. Was the staff courteous, knowledgeable, and responsive?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

If "Needs Improvement," explain: _____

5. How would you rate the condition of the facility/park and equipment?

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

If "Needs Improvement," explain: _____

6. What did you like most about this program/class/instructor/event?

7. Do you have suggestions that might help the program/class/instructor/event improve?

8. Overall Customer Satisfaction

☐ Excellent ☐ Good ☐ Satisfactory ☐ Needs Improvement

If "Needs Improvement," explain: _____

9. How did you learn about the activities offered by the Aquatics Division? (Check as many as apply.)

☐ Break Time ☐ Cable TV (*Ch. 11's "Come Out and Play, Chandler!"*) ☐ Referral ☐ Program Flyer
☐ Newspaper ☐ Aquatics Website ☐ E-Newsletter ☐ Social Media (*Twitter, Facebook, Google, etc.*)

10. Do you have any other comments about the programs, events, services and performance?

Thank you very much for your time!